Symptoms

Patient _____ Date _____ Date of Injury _____

Please fill in all symptoms you currently have <u>that you did not have</u> before the accident.

Orthopedic & Musculoskeletal Symptoms

- ☐ "Clunk" Sound with Neck Movements
- ☐ Neck Pain
- ☐ Upper Back Pain
- ☐ Low Back Pain
- ☐ Shoulder Pain ☐ Left ☐ Right
- ☐ Upper Arm Pain ☐ Left ☐ Right
- ☐ Elbow Pain ☐ Left ☐ Right
- ☐ Forearm Pain ☐ Left ☐ Right
- ☐ Wrist Pain ☐ Left ☐ Right
- ☐ Hand Pain ☐ Left ☐ Right
- ☐ Hip Pain ☐ Left ☐ Right
- ☐ Upper Leg Pain ☐ Left ☐ Right
- ☐ Knee Pain ☐ Left ☐ Right
- ☐ Lower Leg Pain ☐ Left ☐ Right
- ☐ Ankle Pain ☐ Left ☐ Right
- ☐ Foot Pain ☐ Left ☐ Right
- ☐ Jaw Pain
- ☐ Clicking in Jaw
- ☐ Pain when Chewing
- ☐ Face Pain
- ☐ Chest Pain
- ☐ Stomach Pain
- ☐ Bruise/Contusion to _____
- ☐ Abrasion/Scrape to_____
- ☐ Other Symptom _____
- ☐ Other Symptom _____

Neurological Symptoms

- ☐ Numb/Tingling Arm / Hand L R
- ☐ Numb/Tingling Leg / Foot L R
- ☐ Weakness Arm / Hand L R
- ☐ Weakness Leg / Foot L R

Symptoms Associated with Injuries

- ☐ Range of Motion Problems
- ☐ Headaches
- ☐ Muscle Spasms
- ☐ Dizziness
- ☐ Visual Disturbances
- ☐ Sleep Disruption
- ☐ Radiating Pain
- ☐ Anxiety
- ☐ Depression
- ☐ I am taking over-the-counter pain meds

Brain/Neuropsych/MTBI Symptoms

- ☐ Wanting to be Alone
- ☐ Sleepiness
- ☐ Nausea/vomiting
- ☐ Difficulty Concentrating
- ☐ Day Dreaming/Staring Mindless Staring
- ☐ Mood Swings
- ☐ Agitation
- ☐ Sadness or tearful
- ☐ Blurry Vision
- ☐ Double Vision
- ☐ Disoriented
- ☐ Confused
- ☐ Difficulty Speaking
- ☐ Feelings of Isolation from Others
- ☐ Attention Problems
- ☐ Appetite Change
- ☐ Pupils Different Sizes
- ☐ Room Spins/ Woozy Feeling
- ☐ Balance Problems
- ☐ Difficulty Walking
- ☐ Difficulty Focusing/Easily Distracted
- ☐ Very Tired
- ☐ Dozing During The Day
- ☐ Personality Change
- ☐ Can't Remember Numbers
- ☐ Reading Problems
- ☐ Writing Problems
- ☐ Difficulty with Adding/Subtracting
- ☐ Poor Attention
- ☐ Difficulty Learning New Things
- ☐ Difficulty Understanding
- ☐ Difficulty Remembering Things
- ☐ Re-reading Things to Understand It
- ☐ Anger
- ☐ Difficulty Making Decisions
- ☐ Change in Sexual Functioning
- ☐ Reduced Confidence
- ☐ Helplessness
- ☐ Apathy (Don't Care)
- ☐ Irritable
- ☐ Change in Sense of Taste or Smell
- ☐ Flashbacks to Accident
- ☐ Impatience
- ☐ Frustration
- ☐ Hearing Problems
- ☐ Difficulty Planning or Organizing

Diagnosis

Diagnosis for _____ Date of Injury: _____

Diagnosis Status: ☐ Initial ☐ Update Date of Diagnosis: _____

Cervical Spine Injuries

- ☐ 847.0 Cervical Sp/St
- ☐ 739.0 Occipitocervical Sublux.
- ☐ 739.1 Cervicothoracic Sublux.
- ☐ 728.4 Cerv. Ligt. Laxity
- ☐ 728.5 Cerv. Hypermobility
- ☐ 720.1 Cerv. Enthesopathy
- ☐ 723.1 Cervicalgia
- ☐ 728.85 Cerv. Myospasm
- ☐ 729.1 Cervical Myalgia
- ☐ 737.29 Loss of Cerv. Lordosis
- ☐ 737.19 Traumatic Cerv. Kyphosis
- ☐ 738.2 Acquired Cerv. Deformity
- ☐ 722.0 Cerv. Disk Herniation/Neuritis
- ☐ 953.0 Cerv. Nerve Injury
- ☐ 723.3 Cervicobrachial Nerve Injury
- ☐ 782.0 Cerv. Sensation Disturbance
- ☐ 728.2 Upper Extremity Atrophy
- ☐ 728.9 Upper Extremity Weakness
- ☐ 722.4 Cervical DJD/DDD
- ☐ 722.81 Post Cervical Laminectomy

Thoracic Spine Injuries

- ☐ 847.1 Thoracic Sp/St
- ☐ 739.2 Thoracolumbar Sublux.
- ☐ 728.4 Thor. Ligt. Laxity
- ☐ 728.5 Thor. Hypermobility
- ☐ 720.1 Thor. Enthesopathy
- ☐ 724.1 Thoracalgia
- ☐ 728.85 Thoracic Myospasm
- ☐ 729.1 Thoracic Myalgia
- ☐ 848.3 Ribs Sprain/Strain
- ☐ 739.8 Rib Cage Subluxation
- ☐ 848.41 Sternoclavicular Sp/St
- ☐ 786.50 Chest Pain
- ☐ 722.11 Thor. Disc Herniation
- ☐ 853.1 Thor. Nerve Injury
- ☐ 724.4 Thoracic Neuritis
- ☐ 953.4 Brachial Plex. Nerve Inj.
- ☐ 353.0 Brachial Plexus Lesion
- ☐ 722.51 Thoracic DJD/DDD

Lumbar Spine Injuries

- ☐ 847.2 Lumbar Sp/St
- ☐ 739.3 Lumbosacral Sublux
- ☐ 728.4 Lumb.Ligt.Laxity
- ☐ 728.5 Lumb.Hypermobility
- ☐ 720.1 Lumb. Enthesopathy
- ☐ 724.2 Lumbago
- ☐ 728.85 Lumb. Myospasm
- ☐ 729.1 Lumbar Myalgia
- ☐ 722.10 Lumbar Disk Herniation
- ☐ 953.2 Lumbar Nerve Injury
- ☐ 724.4 Lumbar Neuritis
- ☐ 782.0 Sensation Disturbance
- ☐ 728.2 Leg Atrophy
- ☐ 728.9 Leg Muscle Weakness
- ☐ 729.5 Leg Limb Pain
- ☐ 729.81 Leg Swelling
- ☐ 722.52 Lumb DJD/DDD
- ☐ 722.83 Post Laminectomy
- ☐ 756.12 Spondylolisthesis
- ☐ 719.7 Difficulty Walking

Upper Extremity Injuries

- ☐ 739.7 Upper Extremity Subluxation
- ☐ 728.85 Upper Extremity Myospasm
- ☐ 729.81 Upper Extremity Swelling
- ☐ 729.5 Upper Extremity Tissue Pain
- ☐ 840.9 Shoulder Sprain/Strain
- ☐ 719.40 UE Joint Pain - 1 Joint
- ☐ 719.49 UE Joint Pain - Mult. Joints
- ☐ 726.10 Shoulder Enthesopathy
- ☐ 841.9 Elbow Sprain/Strain
- ☐ 739.7 Elbow Subluxation
- ☐ 726.3 Elbow Enthesopathy
- ☐ 842.00 Wrist Sprain/Strain
- ☐ 739.7 Wrist Subluxation
- ☐ 726.4 Wrist Enthesopathy
- ☐ 842.10 Hand Sprain/Strain
- ☐ 739.7 Hand Subluxation

Lower Extremity Injuries

- ☐ 739.6 Lower Extremity Subluxation
- ☐ 728.85 Lower Extremity Myospasm
- ☐ 719.40 LE Joint Pain - 1 Joint
- ☐ 719.49 LE Joint Pain - Mult. Joints
- ☐ 729.81 Lower Extremity Swelling
- ☐ 729.5 Lower Extremity Tissue Pain
- ☐ 843.9 Hip/Thigh Sprain/Strain
- ☐ 726.5 Hip Region Enthesopathy
- ☐ 844.9 Knee Sprain/Strain
- ☐ 726.6 Knee Enthesopathy
- ☐ 845.00 Ankle Sprain/Strain
- ☐ 726.7 Ankle/Foot Enthesopathy
- ☐ 845.10 Foot Sprain/Strain
- ☐ 719.7 Difficulty Walking

Pelvis/Hip/Sacrum

- ☐ 846.9 Sacroiliac Sp/St
- ☐ 739.4 Sacroiliac Sublux.
- ☐ 847.3 Sacrum Sp/St
- ☐ 724.6 Sacrum Instability
- ☐ 847.4 Coccyx Sp/St
- ☐ 739.5 Hip/Pelvis Sublux.
- ☐ 724.3 Sciatic Neuritis
- ☐ 956.0 Sciatic NI
- ☐ 953.3 Sacral NI

Abrasions

- ☐ 910.0 Face, Neck, Head
- ☐ 911.0 Abdomen, Torso
- ☐ 912.0 Shoulder & Arm
- ☐ 913.0 Elbow, Arm, Wrist
- ☐ 914.0 Hand & Fingers
- ☐ 916.0 Hip/Thigh/Leg/Ankle
- ☐ 917.0 Foot & Toes

Contusions

- ☐ 920.0 Face, Neck, Head
- ☐ 922 Abdomen, Torso
- ☐ 923.0 Shoulder & Arm
- ☐ 923.1 Elbow, Arm, Wrist
- ☐ 923.2 Hand & Fingers
- ☐ 924.0 Hip/Thigh/Leg/Ankle
- ☐ 924.2 Foot & Toes

Brain Injuries

- ☐ 850.0 Concussion/No LOC
- ☐ 850.1 Concussion/Brief LOC
- ☐ 850.2 Concussion Mod. LOC
- ☐ 854.00 Traumatic Brain Injury
- ☐ 907.0 Late FX of Brain Injury
- ☐ 784.0 Headache
- ☐ 780.5 Sleep Disturbance
- ☐ 780.53 Hypersomnolence
- ☐ 780.7 Fatigue/Lethargy/Tired
- ☐ 787.0 Nausea/Vomiting
- ☐ 780.4 Dizzy/Lightheaded
- ☐ 386.11 Positional Vertigo
- ☐ Other _____

MISC

- ☐ 308.0 Anxiety
- ☐ 300.4 Depression
- ☐ 309.81 Post Traumatic Stress Disorder
- ☐ 848.1 TMJ Sp/St
- ☐ 524.60 TMJ Pain
- ☐ 728.85 TMJ Myospasm
- ☐ 388.31 Tinnitus
- ☐ 401.1 Hypertension
- ☐ 250.0 Aggravation of Diabetes
- ☐ 781.9 Abnormal Posture 2ary to Trauma
- ☐ 788.30 Urinary Incontinence
- ☐ Other(s)_____
- ☐ Disability to_____
- ☐ Total ☐ Partial ☐ Limitations _____
- ☐ _____

TREATMENT PLAN

Patient _____ Today's Date _____ DOI _____

The following recommended treatments are to be done through _____

Cervical Spine Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other _____
- ☐ Home Neck Exercises
- ☐ Home Cervical Stabilization Collar
- ☐ Home Ice Pack
- ☐ Home Cervical Traction Pillow
- ☐ Bed Rest
- ☐ Home Other _____
- ☐ Gym Neck Exercises/Activity
- ☐ MD ☐ CT ☐ MRI ☐ DMX

Thoracic Spine Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other _____
- ☐ Office Other _____
- ☐ Home Thoracic Traction Pillow
- ☐ Home Upper Back Exercises
- ☐ Home Ice Pack
- ☐ Bed Rest
- ☐ Home Other _____
- ☐ Gym Thoracic Exercises/Activity
- ☐ MD ☐ CT ☐ MRI ☐ DMX

Lumbar Spine Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other _____
- ☐ Home Low Back Exercises
- ☐ Home Ice Pack
- ☐ Home Lumbar Stabilization Belt
- ☐ Home Lumbar Traction Pillow
- ☐ Bed Rest
- ☐ Home Other _____
- ☐ Gym Lumbar Exercises/Activity
- ☐ MD ☐ CT ☐ MRI ☐ DMX

Upper Extremity Tx

- ☐ 98943 Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other _____
- ☐ Office Other _____
- ☐ Home Upper Extremity Exercises
- ☐ Home Ice Pack
- ☐ Bed Rest
- ☐ Gym Upper Extremity Exercises
- ☐ MD ☐ MRI ☐ CT ☐ _____

Lower Extremity Tx

- ☐ 98943 Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ 97116 Gait Training/Stair Climb
- ☐ Office Other _____
- ☐ Home Lower Extremity Exercises
- ☐ Home Ice Pack
- ☐ Bed Rest
- ☐ Gym Lower Extremity Exercises
- ☐ MD ☐ MRI ☐ CT ☐ _____

Pelvis/Hip/Sacrum Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ 97116 Gait Training/Stair Climb
- ☐ Office Other _____
- ☐ Home Pelvis/Sacrum Exercises
- ☐ Home Ice Pack
- ☐ Bed Rest
- ☐ Gym Pelvis/Sacrum Exercises
- ☐ MD ☐ MRI ☐ CT ☐ _____

Brain Injury Plan

- ☐ 90801 Cognitive Consultation
- ☐ 96118 Cognitive Screening
- ☐ 90801 Hypersomnolence Consultation
- ☐ 96118 Hypersomnolence Evaluation
- ☐ 97532 Cognitive Training In Office _____ min.
- ☐ Home Physical Exercise
- ☐ Home Meditation
- ☐ Home Cognitive Rehabilitation Exercises
- ☐ MD Referral
- ☐ Counseling
- ☐ Polysomnogram
- ☐ Avoid Stressful Activities
- ☐ Bed Rest
- ☐ Other _____

Depression/Anxiety Plan

- ☐ Exercise
- ☐ Meditation
- ☐ Counseling
- ☐ Avoid Stressful Activities
- ☐ Natural Anti-Depressants
- ☐ Natural Anti-Anxiety
- ☐ Bed Rest
- ☐ MD Referral

TMJ Plan ☐ PT_____

- ☐ 97110 Ther. Exercises
- ☐ 97124 Massage Ther.
- ☐ Splint for Home Use
- ☐ Home TMJ Exercises
- ☐ Restricted TMJ Activity
- ☐ Relaxation Exercises
- ☐ Soft Food/Liquid Diet
- ☐ DDS Referral

Misc Plans

____ Office Treatments per _____

____ Home Treatments per _____

- ☐ Home TENS
- ☐ Cane/Crutches/Orthotics
- ☐ Natural Anti-Inflammatories
- ☐ Natural Pain Relievers
- ☐ Order Impairment Rating

Re-evaluate in _____ days

Work: Duties Under Duress & Loss of Enjoyment

Patient _____ Date of Accident _____

I have continued to work because:

- ☐ I have bills to pay and must support myself (as well as _____)
- ☐ I can't take time off work because I would lose my job
- ☐ My business would lose money or fail if I took time off
- ☐ I can't take time off work because I would lose status or advancement opportunities
- ☐ I feel obligated to work even though I'm in pain because _____
  _____
  _____
- ☐ I was forced to change my job from _____ to _____ because I could not do all the duties of my old job
- ☐ I make mistakes at work I didn't used to make
- ☐ I hide my work performance from my boss
- ☐ I have had the following problems at work since the accident:
  - ☐ Range of motion/movements restricted in my body
  - ☐ Pain in my _____
  - ☐ Headaches
  - ☐ Muscle Spasms
  - ☐ Dizziness
  - ☐ Visual Disturbance
  - ☐ Sleep Disruption/Tired/Fatigue/Dozing off
  - ☐ Radiating pain into my _____
  - ☐ Anxiety or depression
  - ☐ TMJ/jaw pain or clicking
  - ☐ I have had to take over-the-counter medications to get through work, including _____

I have lost enjoyment/ability to perform at work because:

- ☐ I have pain during work in my _____, _____, _____, _____, _____, _____, _____, _____, _____
- ☐ I have difficulty performing my duties such as _____, _____, _____, _____, _____, _____, _____, _____, _____
- ☐ I have lost job security
- ☐ I have lost status in my company or opportunities for advancement
- ☐ I didn't get an anticipated promotion, which was _____
- ☐ The quality of my work has not been as good since the accident
- ☐ I make less money now. $_____ a week
- ☐ It has taken me longer to do these duties: _____, _____, _____, _____, _____, _____, _____, _____, _____
- ☐ I have had to reduce the time I can do the following duties: _____, _____, _____, _____, _____, _____, _____, _____, _____
- ☐ (other) _____
  _____
  _____

_____ _____

Signature of patient Date completed

Household & Domestic: Duties Under Duress & Loss of Enjoyment

Patient _____ Date of Accident _____

Describe how the accident has affected your household duties outside the home (i.e. Mowing, gardening, yardwork, house painting, transporting family, shopping, taking out trash etc.) And your domestic duties inside the home (i.e. Vacuuming, cooking, picking up children, caring for children, dusting, cleaning bathrooms, laundry, washing windows/mirrors, etc.)

Duty _____

- ☐ I can only do this _____ minutes at a time since the accident
- ☐ I have been limited because I had trouble ☐ lifting ☐ bending ☐ standing ☐ walking
- ☐ I have had to take ☐ prescription ☐ over-the-counter medications to do this
- ☐ I had to do this because ☐ I have no other help ☐ because I care for the children
- ☐ I have experienced the following problems when I do this activity:
  - ☐ Range of motion/movements restricted in my body
  - ☐ Pain in my _____
  - ☐ Headaches ☐ Muscle Spasms ☐ Dizziness ☐ Visual Disturbance
  - ☐ Sleep Disruption/Tired/Fatigue/Dozing of/Must rest for a while
  - ☐ Radiating pain into my _____
  - ☐ Anxiety or depression ☐ TMJ/jaw pain or clicking
  - ☐ It has taken me longer to do this activity than before the accident

Duty _____

- ☐ I have been able to do this _____ minutes at a time since the accident
- ☐ I have been limited because I had trouble ☐ lifting ☐ bending ☐ standing ☐ walking
- ☐ I have had to take ☐ prescription ☐ over-the-counter medications to do this
- ☐ I had to do this because ☐ I have no other help ☐ because I care for the children
- ☐ I have experienced the following problems when I do this activity:
  - ☐ Range of motion/movements restricted in my body
  - ☐ Pain in my _____
  - ☐ Headaches ☐ Muscle Spasms ☐ Dizziness ☐ Visual Disturbance
  - ☐ Sleep Disruption/Tired/Fatigue/Dozing of/Must rest for a while
  - ☐ Radiating pain into my _____
  - ☐ Anxiety or depression ☐ TMJ/jaw pain or clicking
  - ☐ It has taken me longer to do this activity than before the accident

Duty _____

- ☐ I can only do this _____ minutes at a time since the accident
- ☐ I have been limited because I had trouble ☐ lifting ☐ bending ☐ standing ☐ walking
- ☐ I have had to take ☐ prescription ☐ over-the-counter medications to do this
- ☐ I had to do this because ☐ I have no other help ☐ because I care for the children
- ☐ I have experienced the following problems when I do this activity:
  - ☐ Range of motion/movements restricted in my body
  - ☐ Pain in my _____
  - ☐ Headaches ☐ Muscle Spasms ☐ Dizziness ☐ Visual Disturbance
  - ☐ Sleep Disruption/Tired/Fatigue/Dozing of/Must rest for a while
  - ☐ Radiating pain into my _____
  - ☐ Anxiety or depression ☐ TMJ/jaw pain or clicking
  - ☐ It takes me longer to do this activity than before the accident

_____ _____

Signature of patient Date completed

Hobbies: Loss of Enjoyment

Patient _____ Date of Accident _____

Describe how this accident has affected your hobbies, including such things as vacations, dancing, socializing, entertainment, card playing, game playing, jogging, exercise, crafts, fishing, boating, driving, riding in a car, bicycling, motorcycling, playing with children, etc.

Hobby _____

- ☐ I have not done this hobby or canceled plans to do it (or take a trip) since accident
- ☐ I did not do this hobby for _____ weeks after the accident
- ☐ I missed the social enjoyment of this hobby
- ☐ I lost friends because I couldn't do this hobby
- ☐ I lost money from not being able to do this hobby. $ _____
- ☐ I have had the following problems when I have done this hobby since the accident:
  - ☐ Range of motion/movements restricted in my body
  - ☐ Pain in my _____
  - ☐ Headaches
  - ☐ Muscle Spasms
  - ☐ Dizziness
  - ☐ Visual Disturbance
  - ☐ Sleep Disruption/Tired/Fatigue/Dozing off
  - ☐ Radiating pain into my _____
  - ☐ Anxiety or depression
  - ☐ TMJ/jaw pain or clicking
  - ☐ I have had to take over-the-counter medications to do this hobby:_____
  - ☐ (other) _____

Hobby _____

- ☐ I have not done this hobby or canceled plans to do it (or take a trip) since accident
- ☐ I did not do this hobby for _____ weeks after the accident
- ☐ I missed the social enjoyment of this hobby
- ☐ I lost friends because I couldn't do this hobby
- ☐ I lost money from not being able to do this hobby. $ _____
- ☐ I have had the following problems when I have done this hobby since the accident:
  - ☐ Range of motion/movements restricted in my body
  - ☐ Pain in my _____
  - ☐ Headaches
  - ☐ Muscle Spasms
  - ☐ Dizziness
  - ☐ Visual Disturbance
  - ☐ Sleep Disruption/Tired/Fatigue/Dozing off
  - ☐ Radiating pain into my _____
  - ☐ Anxiety or depression
  - ☐ TMJ/jaw pain or clicking
  - ☐ I have had to take over-the-counter medications to do this hobby:_____,
  - ☐ (other) _____

_____ _____

Signature of patient Date completed

Education: Duties Under Duress & Loss of Enjoyment

Patient _____ Date of Accident _____

I have continued with my education under the following circumstances:

- ☐ My grade level at the time of the accident was _____
- ☐ My current grade level is _____
- ☐ My GPA before the accident was _____ Most recent semester GPA _____
- ☐ I can't take time off school because I would lose status or other opportunities such as _____
- ☐ I feel obligated to attend school even though I'm in pain because _____ _____ _____
- ☐ I was forced to ☐take ___ semester(s) off ☐drop out of school from the accident
- ☐ I make mistakes at school I didn't used to make
- ☐ I have to spend more time studying just to keep up, about _____ % more time
- ☐ I have had the following problems at school and studying since the accident:
  - ☐ Range of motion/movements restricted in my body
  - ☐ Pain in my _____
  - ☐ Headaches
  - ☐ Muscle Spasms
  - ☐ Dizziness
  - ☐ Visual Disturbance
  - ☐ Sleep Disruption/Tired/Fatigue/Dozing off
  - ☐ Radiating pain into my _____
  - ☐ Anxiety or depression
  - ☐ TMJ/jaw pain or clicking
  - ☐ I have had to take over-the-counter medications to get through school, including _____

I have lost enjoyment/ability to pursue my education because:

- ☐ I have pain during study/classes in my _____, _____, _____, _____, _____, _____, _____, _____, _____
- ☐ I have difficulty performing my studies such as _____, _____, _____, _____, _____, _____, _____, _____
- ☐ I lost a scholarship in the amount of _____
- ☐ I lost potential employment opportunity because my education was harmed
- ☐ Prior to the accident I was ☐full time (units) _____ ☐part time (units) _____
- ☐ The quality of my study and test-taking has not been as good since the accident
- ☐ I had to quit/alter my job that helps put me through school (explain) _____ _____
- ☐ It has taken me longer to do these duties: _____, _____, _____, _____, _____, _____, _____
- ☐ I have had to reduce the time I can do the following duties: _____, _____, _____, _____, _____, _____
- ☐ (other) _____ _____ _____

_____ _____

Signature of patient Date completed

Sports: Loss of Enjoyment

Patient _____ Date of Accident _____

Describe how this accident has affected your ability to participate in sports.

Sport _____

Prior to this accident, I played this sport:

- ☐ Socially
- ☐ Competitively (individually or on a team)
- ☐ Regionally recognized (won titles or awards)

Since this accident, I play this sport:

- ☐ Socially
- ☐ Competitively (individually or on a team)
- ☐ Regionally recognized (won titles or awards)
- ☐ Can not play this sport
- ☐ Can not play any sport

Describe how this accident has affected your enjoyment from participating in this sport.

- ☐ I did not play this sport for _____ weeks after the accident
- ☐ I missed the social enjoyment of participating in this sport
- ☐ I lost friends because I could not play this sport
- ☐ I lost money from not being able to play this sport. $ _____
- ☐ I had to quit my team or missed _____ seasons or competitions
- ☐ I have had the following problems when I have played this sport since the accident:
  - ☐ Range of motion/movements restricted in my body
  - ☐ Pain in my _____
  - ☐ Headaches
  - ☐ Muscle Spasms
  - ☐ Dizziness
  - ☐ Visual Disturbance
  - ☐ Sleep Disruption/Tired/Fatigue/Dozing off
  - ☐ Radiating pain into my _____
  - ☐ Anxiety or depression
  - ☐ TMJ/jaw pain or clicking
  - ☐ I have had to take over-the-counter medications when I play:_____
  - ☐ (other) _____

_____ _____

Signature of patient Date completed